LD5000044164

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J. BRYAN

EXAMINE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Empyre	Entertainment LLC		
SUBJECT:	Name of Limi	ed Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Darren Howard		
		Name of Person		-
	E	mpyre Entertainment 、 ん	u.	~
		Firm/Company	-	温気力
	30	1 W. Platt St Suite 313		FILE 20 P
		Address		SER COM
		Tampa, FL 33606		ED BILLIE
		City/State and Zip Code		器 5
		nfo@empyreent.com	Cartian	P
		o be used for future annual report noti	ncauon)	
For further information	concerning this matter, please of	all:		
Da	arren Howard	at (813)	919-8237	
Name of Person		Area Code & Daytin	ne Telephone Numbe	er
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	ate of Status &

MAILING ADDRESS:

Ĩ

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empyre Enterta			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL05000044164	were filed on	5/4/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
Empyre Entertainme	ent Group, LLC) 	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		=	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LLAHASSEE	FILED PHIN
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on o	our records, <u>enter t</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ada	iress
		, Florida	
	City	, , , , , , , , , , , , , , , , , , , ,	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chelsea Martinez	275 Bayshore Blvd #1600	Add
		Tampa, FL 33606	Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
	0/8.		AddRemove
D. If amend	ing any other information, enter cl	nange(s) here: (Attach additional sheets, if necessar	y.)
		TALLAHA	
		אר אינו אינו אינו אינו אינו אינו אינו אינו	
Dated	2/17/12	ORIDA A	£ 6
	\mathcal{L}	Darren Howard	
	Ф	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00